Combined Declaration For Patent Application and Power of Attorney							ATTORNEY DOCKET 87729NAB						
As below named inventor, I hereby declare that: My residence, post office address and citizenship are as stated below next to my name, I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:													
EQUIPMENT AND METHOD FOR MEASURING DENTAL SHADE													
The specification of which (check only one item below):													
is attached hereto.													
was filed as United States Application Serial No. on and													
was amended on (if applicable). X was filed as PCT international application Number PCT/EP2005/001208 on 07-02-2005 and was amended on (if applicable).													
I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment													
referred to above.													
I acknowledge the duty to disclose to the U.S. Patent & Trademark Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.													
I hereby claim foreign priority benefits under Title 35, United States Code, §119 (a)-*d) or 365 (b) of any foreign application(s) for patent or inventor's													
certificate, or (365 (a) of any PCT international application(s) which designates at least one country other than the United States of America, listed below and have also identified below any foreign applications(s) for patent or inventor's certificate or any PCT international application(s) designating a least													
one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which													
priority is claimed: PRIOR FOREIGN/PCT APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:													
COUNTRY (If PCT, Indicate PCT)		PPLICATION NUMBER		DATE OF FILING (month/dayyear)		_	PRIORITY CLAIMED U	NDER 35 USC §	§119 NO				
EP		4356023.4		20 February 2004		X	YES		NO				
PCT EP2		2005/001208		2 July 2005		X	YES		NO				
I hereby claim the benefit under Title 35, United States Code, 119 §(e) of any United States provisional application(s) listed below:													
PRIOR PROVISIONAL APPLI	CATION(S) AN	D ANY PRIORITY	CLA	MS UNDER 35 U.S.C. §	119 (e):								
PROVISIONAL AP	PLICATION NUMBER				FILING DATE (mo	nth/day/year)							
I hereby claim the benefit under T													
the United States of America that prior applications(s) in the manne													
Office all information known to between the filing date of the prior					_		1.56, which	became	available				
PRIOR US APPLICATIONS O	R PCT INTERN	ATIONAL APPLI	CATIO	ONS DESIGNATING TH	E U.S FOR	BENEF	IT UNDER						
35USC§120:		10.4.7.10.1.10			l		T. 10. (0). (
U.S. APPLICATION NUME	U.S. APPL		U.S. FILING DATE		STATUS (Check one PATENTED PENDING		<u> </u>	NDONED					
0.0.74 + 2.107(11014) (4.10)	0.3. FEING DATE			17(12)(1)		1 21151110	7,671						
PCT APPLICATIONS DESIGNATING THE U.S.													
PCT APPLICATION NO. PCT FILI		NG DATE U.S. SERIAL NUMBERS ASSIGNED (if any)											
PCT/EP2005/001208 2 July 2		2005					X						

Со	Combined Declaration For Patent Application and Power of Attorney (Continued) ATTORNEY D 87729NAB											
POWER OF ATTORNEY: As a named inventor, I hereby appoint the attorney(s) and/or agent(s) associated with Eastman Kodak Company <u>Customer No. 01333</u> to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.												
Send Correspondence to: Direct Telephone Calls to:												
Se	nd Correspo	Patent I Eastman 343 Sta	n Kodak te Street	Company	Nelson A. E 585-588-272	Nelson A. Blish 585-588-2720 FAX: 585-477-4646						
2 FULL NAME OF FAMILY NAME				FIRST GIVEN NAME	SECOND GIVEN NAM							
0	RESIDENCE & CITIZENSHIP	Inglese city 7437 Bussy Saint Georges		Jean-Marc STATE OR FOREIGN COUNTRY France	country of citize	COUNTRY OF CITIZENSHIP France						
1	BUSINESS ADDRESS	Business address Trophy Radiologie		CITY 77437 Marne La Vallee Ced	STATE & ZIP CODE	STATE & ZIP CODE (COUNTRY)						
2	FULL NAME OF INVENTOR	FAMILY NAME		FIRST GIVEN NAME Anne		SECOND GIVEN NAME C. M.						
0	RESIDENCE & CITIZENSHIP	Croguenec CITY 3960 Bonchamp		STATE OR FOREIGN COUNTRY France		COUNTRY OF CITIZENSHIP						
2	BUSINESS ADDRESS	Business Address Trophy Radiologie		77437 Marne La Vallee Ced	STATE & ZIP CODE	STATE & ZIP CODE (COUNTRY)						
2	FULL NAME OF INVENTOR	FAMILY NAME Barneoud		FIRST GIVEN NAME Julien		SECOND GIVEN NAME D. L.						
0	RESIDENCE & CITIZENSHIP	CITY		state or foreign country France	COUNTRY OF CITIZE	COUNTRY OF CITIZENSHIP France						
3	BUSINESS ADDRESS	7600 Bussy Saint Martin BUSINESS ADDRESS Trophy Radiologie		City 77437 Marne La Vallee Ced	STATE & ZIP CODE	STATE & ZIP CODE (COUNTRY)						
2	FULL NAME OF INVENTOR	FAMILY NAME		FIRST GIVEN NAME	SECOND GIVEN NAM	SECOND GIVEN NAME						
0	RESIDENCE & CITIZENSHIP	CITY		STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZE	COUNTRY OF CITIZENSHIP						
4	BUSINESS ADDRESS	BUSINESS ADDRESS		CITY	STATE & ZIP CODE	STATE & ZIP CODE (COUNTRY)						
2	FULL NAME OF INVENTOR	FAMILY NAME		FIRST GIVEN NAME	SECOND GIVEN NAI	SECOND GIVEN NAME						
0	RESIDENCE & CITIZENSHIP	CITY		STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZE	COUNTRY OF CITIZENSHIP						
5	BUSINESS ADDRESS	BUSINESS ADDRESS		CITY	STATE & ZIP CODE	STATE & ZIP CODE (COUNTRY)						
2	FULL NAME OF INVENTOR	FAMILY NAME		FIRST GIVEN NAME	SECOND GIVEN NAI	SECOND GIVEN NAME						
0	RESIDENCE & CITIZENSHIP	CITY		STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZE	COUNTRY OF CITIZENSHIP						
6	BUSINESS ADDRESS	BUSINESS ADDRESS		CITY	STATE & ZIP CODE	STATE & ZIP CODE (COUNTRY)						
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. SIGNATURE OF INVENTOR 201 SIGNATURE OF INVENTOR 202 SIGNATURE OF INVENTOR 203												
DATE			DATE		DATE							
SIGNATURE OF INVENTOR 204			SIGNATURE	E OF INVENTOR 205	SIGNATURE OF INVENTOR 206							

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